

Carrier Confirmation Sheet



Order: 5858880  
Printed Date: 08/20/2024  
Contact: Operations  
Phone: 952-224-2403 x 305  
Email: opsmn@sunsettrans.com

\*SSNA-5858880\*

Bill To: MC#211084  
Sunset Transportation  
10877 Watson Rd.  
St. Louis, MO 63127

ROYAL3 INC  
MC Number: MC944686  
Contact: Jack  
Phone: 630-485-7370 x106

Pickup Information

Commodity: HOSPITAL BEDS  
Weight: 0.0  
Trailer: Van 53 (DAT)

Miles: 823.0  
BOL:  
Temp: Fahrenheit

Pick Up Name: CENTURION SERVICE GROUP (TRIMEDIX) Date: 08/20/2024 1100  
Address: 2019 MERIDIAN RD. 08/20/2024 1130  
ARLINGTON TX 76011  
Phone:  
Contact:

Delivery Name: Traco Medical Inc Date: 08/21/2024 0800  
Address: 4001 W Tickman St 08/21/2024 0800  
SIOUX FALLS SD 57107  
Phone: 605-339-9339  
Contact: Main

Payment CARRIER FREIGHT PAY: \$1,700.00  
TOTAL CARRIER PAY: \$1,700.00

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**DO YOU PREFER A FASTER PAYMENT?**

Email Rate Confirmation, Invoice, POD and receipts to [payables@sunsettrans.com](mailto:payables@sunsettrans.com) or fax to 314-756-9307 for payment. To utilize one of our Quick Pay programs, contact Payables at 800-849-6540 Opt # 4. Any adjustment in rate must be approved by Sunset Transportation LLC. ( Sunset ) before the charge occurs. For any unexpected/unplanned changes in stops, route or mileage on load; carrier agrees to charge no more than, up to the original per mile rate for each additional mile traveled, plus a layover charge of no more than \$250 if applicable. Sunset is not responsible for additional unapproved costs in addition to these acceptable rates. Payment for lumpers fees requires lumpers receipt. Only the company that physically hauled the load identified by MC/DOT/Intrastate Permit number ( Carrier ) is eligible for payment. Carrier represents and warrants it will not agree to (or begin to perform) services as outlined in this carrier confirmation sheet unless it can and will abide by all federal, state and local laws at all times. Failure to meet pickup/delivery dates and times, failure to communicate with Sunset as requested, and/or failure to comply with industry standard expectations for safe and reasonable dispatch may result in fines or penalties. Carrier acknowledges its agreement via signature, electronic signature/confirmation, and/or by beginning to perform services. Sunset's TMS has can send text messages for status updates. If carrier provides phone numbers, it agrees and acknowledges no driver will violate any law or industry safety standards by use of a mobile device while driving. Carrier will indemnify and defend Sunset from any related claims. Funds to be advanced in the form of ComCheck are subject to fees at Sunset's discretion. In the event Carrier has not signed a Broker-Carrier contract with Sunset in the past five (5) years, Carrier agrees any prior terms in a signed document will become secondary to the Carrier Terms & Conditions published at [www.sunsettrans.com](http://www.sunsettrans.com).

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**Want more loads? Check Sunset's private portal here: [sunset.truckertools.com/loads](http://sunset.truckertools.com/loads)**

**\*\*Read all notes carefully before signing\*\***

30k lbs - hospital beds 53ft dry van w/ 4+ straps driver assist at loading, wheel beds in and strap in

Signature: *Jack Jarakovic*

Driver Name:

Driver Cell:

Tractor #:

Trailer #:

Comments:

☒ (X) Accept

☐ ( ) Decline



## INVOICE

**BILL TO:**  
SUNSET TRANSPORTATION LLC  
10877 WATSON ROAD  
ST. LOUIS, MO 63127

**INVOICE DATE:** 08/21/2024  
**INVOICE #:** 5858880  
**TERMS:** NET 30  
**DUE DATE:** 09/21/2024

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
08/20/2024		2019 MERIDIAN RD., ARLINGTON, TX 76011 - 4001 W Tickman St, SIOUX FALLS, SD 57107			
		Freight Income	1	\$1,700.00	\$1,700.00

<b>TOTAL</b>
\$1,700.00

**PLEASE NOTE**

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

**COMPASS FUNDING SOLUTIONS LLC**  
**P.O.BOX 205154**  
**DALLAS, TX 75320-5154**  
**Tel: 844-899-8092**





AFFIX PRO STICKER HERE

STRAIGHT BILL OF LADING  
LOAD # 5858880

PO #

Date: Aug 20, 2024

FROM (SHIPPER):

CENTURION SERVICE GROUP (TRIMEDIX)  
2019 MERIDIAN RD.  
ARLINGTON, TX 76011

TO (CONSIGNEE):

Traco Medical Inc  
4001 W Tickman St  
SIOUX FALLS, SD 57107  
Phone: Main 605-339-9339

Scheduled ship date 08/20/2024 0900 - 1100

Special instructions:

Reference #'s:

HM	Units	Packaging	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	Spots	WEIGHT	CLASS	SKU
		PIECE	HOSPITAL BEDS	56590-06	0	0 LBS	100

Totals

Units:

Cu. Ft.: null

PCF: 0

Area: null

Spots: 0

Weight: 0 LBS

Billing terms: COLLECT: ☐PREPAID: ☐3RD PARTY: ☒Bill to: Sunset Transportation  
10877 Watson Rd.  
St. Louis, MO 63127  
800-849-6540

NOTE(1) - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
NOTE(2) - Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).  
NOTE(3) - Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. (See Sec 2(e) of NMFC Item 350.)

Where the applicable tariff provisions specify a limitation of the carrier's liability (NMFC Item 172), if there is no release or value declaration by the shipper, and the shipper does not declare a value or release the carrier's liability, that liability shall be limited to the extent provided by NMFC Item 172. California interstate shipments must comply with NMFC Item 173.

This is to certify that the above-named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature/Date

Driver Signature/Date

PLACARDS  
REQUIREDYES ☐  
NO ☐PLACARDS  
SUPPLIEDYES ☐  
NO ☐

Subject to terms of carriage, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery without payment of freight and all other lawful charges.

Consignee Signature/Date

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations, the property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to contain☐ By Driver/pieces

Carrier: DK MAX PRIME INC

Carrier Pro#:



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Printed by: Opt - JM

*Kenneth D 8/21/24*